

**BEST AVAILABLE COPY**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)	<i>10/15/2009</i>					
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
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3		/					53						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/		↓			↓	TOTAL IND.		↓			↓	
TOTAL DEP.	18		←		←	←	TOTAL DEP.		←		←	←	
TOTAL CLAIMS	19						TOTAL CLAIMS						